

Vanderbilt Student Community Health Coalition

Our mission is to enable seniors to empower their communities. We believe an effective senior takes action to be well, is passionate and proactive, is connected to the community, and is open to new ideas and experiences.

Why are we considering a name change?

Name History:

Our program began nearly 40 years ago as a student-run, student-organized group that sought to ensure that adequate access to healthcare was available throughout the underserved areas of rural Appalachia – and was at the time very appropriately named the Appalachian Student Health Coalition. Over the next few decades the name shifted slightly to embrace the focus of our work at the time, but retained a core of “Student Health Coalition.”

In the mid-90’s, we began operating an AmeriCorps program and shifted our focus to senior health initiatives to meet an critical identified gap in services throughout middle Tennessee. At this time two key things happened with our program that impacted our name for the next 10 years: 1) we were no longer providing services through student help (although students have always been, and continue to be occasional volunteers with the program); and, 2) the National Corporation on National and Community Service – AmeriCorps’ federal funding body – was interested in programs that had a more “AmeriCorps-sounding” name. Because we were no longer utilizing students to provide services and to incorporate this new focus we became known as TenneSenior Service Corps.

Confusion over name/matching services:

While this name served us well for a time, we were still known as an assortment of other names including: Appalachian Student Health Coalition, Student Health Coalition, Vanderbilt, AmeriCorps, etc. This led to both an inability to achieve effective public awareness/branding opportunities, and also to confusion even among the partners we work with, who often would call us by a different name than we were using and therefore thought we were not the group they’d worked with for years.

Two years ago we strengthened our stated mission and core values, and began working to centralize our name to one, commonly known name. We did not want to lose our historic core name, but it no longer demonstrated who was doing the work or who we were serving, and therefore, we kept the base but added “community” as a way to help say something about our service providers and those we serve. Now, anyone providing service to seniors in the middle Tennessee area knows the Vanderbilt Student Community Health Coalition and that we are an excellent source for senior assistance. However, that name still does not express who we are, what we do, or who we serve. Just looking at that name in a phone book or service directory would not give seniors, family, or caregivers the idea that we are a program that can help meet their needs or that would have services

available to them at all. Indeed, most people we encounter outside of the senior service field assume that we are a student health organization.

Time for change:

We are currently a financially stable, smoothly running organization with an excellent reputation in the middle Tennessee senior service community. We are in a very strong place to make real progress toward branding our program and this is a potentially perfect time to do so. Why:

- Next year is our **40th anniversary**, which offers the ideal opportunity to roll out an enhanced image through marketing, media, and possibly a reunion of previous program workers/volunteers. The reunion would allow us not only to rollout the new name/logo with possible media coverage, but would allow us to build renewed support for our program among people who already have a history with us.
- In doing this branding, it is a wonderful opportunity for us to start **reaching out to potential individual donors** both from past workers and from the community to help enhance our non-grant funding base. It is also the ideal moment to help raise awareness of our free services among the community at large so that individuals and caregivers not connected to a referring agency know how to find us directly.
- We have professional graphic designers who are donating their time and expertise to design a **website and logo** for us around our new name to help us create the image among the community at large that we have always cultivated so well within the senior service community. With donated design services, a 40th anniversary looming, and a solid financial/personnel/service base we have a perfect storm of opportunity that makes this the time for change.

Where we are in the process:

We met with a focus group combining current AmeriCorps members, community and non-profit agency leaders, and Center for Health Services board members to discuss who we are as an agency, what we do, and what image we want to impart with our name. Attached is a sheet that highlights the words, phrases, or concepts the focus group felt we are about and that we would like to impart if possible through our name and the image we build. We narrowed down all discussion to three name options, as well as some potential tag lines, presented at this meeting.

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... Who we are & what we do!

- AmeriCorps
- Corps
- Maintain/Sustain
- Independent/Independence
- Grow
- HEAL/Healing
- Engaged
- Serving/Helping
- Underserved (poor, disenfranchised, low-income)
- Community/Communities
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A unique approach to teaching, rural care

by Dr. Lewis B. Lefkowitz Jr.

After a recent study of medical education, a committee headed by President Derek Bok of Harvard University recommended reforms directed toward the teaching of the human dimensions of health and health care. President Bok's report has attracted the attention of the public and of medical-education organizations and institutions which have been struggling with this problem throughout this century, especially since the information explosion that began in the late 1940s.

A unique approach to the problem of maintaining close connections between professionals and clients, institutions and society has evolved at Vanderbilt. It is the Center for Health Services, located on the campus, but with programs and projects that reach far into the region and affect many people who may never have heard of Vanderbilt University. The center might serve as a model to other schools as they try to incorporate extra-technical elements into their requirements for admission and graduation.

It all began in 1969, when three Vanderbilt medical students attended a conference on opportunities for service to those in need of health care, sponsored by the Josiah Macy Jr. Foundation. On their return, they were directed to Dr. Amos Christie, just then retiring after 25 years as chairman of pediatrics at Vanderbilt. He, in turn, guided them to Marie Grillo, a nun working in a remote area of eastern Tennessee, which was plagued with many problems arising from poverty, isolation, and dependency patterns of long standing. It was called "Model Valley" after the famed Model Cities programs of the Office for Economic Opportunity. In time, this area became the site of numerous development programs in many fields, including health services.

That first summer, under Dr. Christie's supervision, about ten students worked several weeks with poor families in nearby Williamson County, before going to the Model Valley where they began a series of health fairs.

In 1970, Dr. Christie stimulated another group of students to establish a health-screening and education program in several Nashville day-care centers serving low-income families. These two

programs, called the Rural (or Appalachian) Student Health Coalition and the Urban Student Health Coalition respectively, attracted the attention of students all over the country. In subsequent years, medical, nursing, law, divinity, and non-professional students from many schools came together in the summertime to work and learn in these two unique programs.

Health fairs took place each summer in several small communities in Tennessee, western Virginia, and eastern Kentucky. The coalition's approach to the problems of access to health care was to work for the development of locally-controlled clinics. Such clinics were intended to substitute for the residents' dependency for primary care on the overtaxed, sometimes unsympathetic, and often remotely-located health departments and on the overworked or unwilling practitioners in the region. The availability of "Great Society" money for poor communities coincided with this call for local health services and resulted in the establishment of a number of well-funded and adequately staffed primary-care centers in Appalachia.

As federal funding faded and foundations looked to "innovations," many clinics struggled and some fell by the wayside. But the concept they embodied served as a model for a state-wide system of rural clinics, which were established through Rural Health Initiative funding in the mid-1970s by the Tennessee Department of Public Health. These new rural clinics were more-or-less linked to established county health departments or local health councils like those stimulated by the coalition. Thus, the Student Health Coalition had a notable influence on the distribution of primary-care services in rural Tennessee that extended far beyond the poverty-stricken communities it first visited. That influence has also extended to eastern Kentucky and western Virginia where numerous health fairs have been held. Community clinics have been developed in many of these places over the past 13 years.

As early as 1970, it became clear that the university or some other large institution would have to become a partner in any enterprise in which students were involved. This was especially true if students were to take on responsibilities of

the magnitude proposed in the grants they were submitting to foundations and government agencies. Those circumstances led to the establishment of the Vanderbilt Center for Health Services, an "umbrella" organization that included students, faculty, and community representatives on its board of directors.

As time passed, new student-generated projects related to health and welfare came into being under the banner of the center. These projects dealt with land ownership, environmental pollution, agricultural marketing, toxic-waste management, water quality, and strip mining, problems prevalent in the areas visited by the students. Recently, a major training project in maternal and infant care was funded by the Ford Foundation and others. Training sites are in isolated and low-income areas, where learning and experience is provided to non-professional persons living in those communities so that they, in turn, can give educational and supportive services to mothers and their infants.

Aside from contributions to community development, the center has made immeasurable, positive contributions to education and professional dedication that involved a half-generation of students, more than 800 in all. They are scattered over the globe, some of them still serving poor and isolated people. Their learning tended to emphasize the practical and necessary, not the obscure and esoteric. Knowledge of the science and technology of health was absolutely essential in most of the projects. But that knowledge was a means rather than an end, whereby science took on attributes of positive and negative values rather than the dryness of mere facts and figures. Decisions that hinged on what is possible rather than what is conceivable have been the day-to-day business of the projects. Out of an idealistic concept has grown the most pragmatic of learning experiences, and a truly community-oriented center has taken its place within a traditionally inward-looking institution, a university. And it all seems to have worked to the advantage of everyone concerned.

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Center for Health Services Program Summary 1972-2006

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- Rural Student Health Coalition Health fairs in St. Charles, VA; Lee County, VA; Robbins, TN; Jacksboro, TN; and Crab Orchard, TN, nursing students provide pediatric follow-up and arrange for immunizations, TB tests and x-rays. Law and engineering students work with SOCM to study flooding caused by strip mining in East Tennessee, law students train clinic workers and volunteers to increase awareness of government health benefits and how to apply.

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- Community Health Effort Support System (CHESS) developing a clinic in Mulberry, Kentucky, researching environmental issues in upper east Tennessee, researching water quality in Clairfield, TN.
- Occupational Health Project offers technical assistance to workers facing hazardous conditions, workshops for union workers.
- West Tennessee Landowners Assistance program assists citizens with land loss problems.
- Appalachian Student Health Coalition tenth anniversary celebrates 58 health fairs in 43 communities, 33,000 free physical examinations, and produces Legislative Citizens Guide to the Tennessee State Legislature.
- University for Many workshops on occupational hazards, land issues, music, and nuclear energy.
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- Occupational Health Project training on hazardous working conditions, relocates to Knoxville.
- University for Many classes on battered women, feminism, money and power, and aging.

1980-1981

- Appalachian Student Health Coalition health fairs in Kentucky and Tennessee, health education in Cherokee and Hot Springs, North Carolina, health programs for day care centers and senior citizens groups in Tennessee.
- Occupational Health Project becomes the Student Environmental Health Project offers brown lung disease screening in LaFollette, TN.
- Urban Health Coalition and Fisk screening 450 low income children.
- Media Project produces documentary on Guthrie, KY Health Council, retrospective of the Rossville Health Council, and video on "How to use video to document hazardous work and living conditions."
- University for Many courses on publicity for community organizations, occupational health, alternative media, and midwifery.

1981-1982

- Student Health Coalition health fairs in Pike County, KY; Stewarts County, KY; and Carroll County, TN.
- Student Environmental Health Project (STEHP) works with Tennessee Brown Lung Association, Yellow Creek Concerned Citizens in Middlesboro, KY, and Tennesseans against Chemical Hazards in Nashville, TN. Two students sample water and soil in STEHP laboratory.
- CHESS community survey in Stanton, TN, video on alternative health providers in rural clinics, voter education, weekly literacy classes.
- University for Many seminars on alternatives to nursing homes, criminal justice, rape prevention, and bicycle maintenance.

1982-1983

- Student Health Coalition health fairs in Feds Creek, KY and Martin County, KY.
- Student Environmental Health Project documents pollution in Shelby County, researches chemical and hazardous waste laws, organize a workers health fair in Chattanooga.
- CHESS four week clinical experience for graduate nurses, physicians assistants and medical students.
- Maternal and Infant Outreach Worker Project (MIHOW) launched in four sites.
- University for Many offers introduction to video production, gardening, Reaganomics and Black America, issues in women's health.

1983-1984

- Appalachian Student Health Coalition health fairs in Martin and Magoffin counties in Kentucky and Lawrence County, TN, students work with Appalachian Women's Health Network in Hazard, KY.
- MIHOW has six sites in Kentucky, Tennessee and West Virginia, conduct baseline surveys.

- STEHP year round laboratory analyzes soil and water samples on a sliding scale fee basis.
- Community Health Training Program four week rural clinical experience for graduate health professional students.

1984-1985

- Appalachian Student Health Coalition in Lauderdale, Fayette, Tipton, Lawrence counties TN; Mud Creek, KY; and Nora, VA, physical assessment elective.
- ASHC and MIHOW slide show encouraging use of a support person during pregnancy and birth.
- North Carolina Student Rural Health Coalition provides 400 health screenings with our help.
- STEHP students in Wise, VA investigate groundwater contamination in Circleville, OH, investigate abandoned landfills and set up a water monitoring program, work with Western North Carolina Alliance in Murphy to conduct a water quality survey, help Alabamians For A Clean Environment in Emelle, AL address contamination from a hazardous waste disposal facility, help Nashville Communities Organized for Progress study Right to Know laws.

1985-1986

- SHC provides 800 screenings in Franklin City, and Wilson, Lauderdale, Fayette, and Tipton counties.
- STEHP analyzes 1300 water and soil samples for 35 communities, at \$3 per sample, teaches citizens soil and water sampling techniques.
- STEHP students battle largest landfill in United States in Circleville, Ohio, survey VA well and groundwater contamination, water quality surveys in NC, investigate hazardous waste facilities in Greenbriar, TN, review permits of a KY hazardous waste incinerator, survey water supply needs in Washington County, teach citizens in London, TN to interpret industry permits.
- STEHP replicated at Virginia Polytechnic Institute.
- Action Research sponsors clothing drive, coordinates undergrad tutoring for teen parents and pregnant teens.
- MIHOW trains child abuse prevention specialists in Haywood County, provides testimony to Governor's Task Force on Day Care.

1986-1987

- Action Research students assist the Rape and Sexual Abuse Center (survey of adolescent attitudes of rape), the United Paper Workers Union (effect of wood dust on health), and WIC (investigate price fixing of baby formula).
- SHC health fairs for migrant farm workers and Head Start, Loretto Senior citizens, visitation for homebound elders, PCB dump investigation Minden, WV, needs assessment for day care in Tipton Co., TN.
- MIHOW adds two sites.

- STEHP gathers resources for a toxic waste storage confrontation in AL, documents PCB superfund site contamination, creates a Right to Know legislation handbook, conducts five sampling workshops for rural communities.

1987-1988

- Action Research students write history of Oak Ridge, document TN hospital strike, research client population at Metro General Hospital.
- ASHC health fairs in Nashville, Gate City, VA, Covington, TN, and Jellico, TN, establish a library in Dungannon, VA, evaluate effects of a PCB-laden dump on community health in Minden, WVA.
- MIHOW adds sites in Scott and Lee County, VA, demonstrates higher breastfeeding rates.
- STEHP lab provides low-cost screening for heavy metals and halogenated organics, TN, KY, MS, WV workshops on alternatives to dependence on income from hazardous waste, health effects of toxic chemicals, investigates effects of a massive PCB spill on the Mud and Green River, investigates water quality in Holmes county MS and potential health effects of asbestos cement pipes.

1988-1989

- Action Research 52 students projects, 25 organizations,
- ASHC VA, WVA, and TN youth activities, outreach to elders, worksite health promotion, environmental health, cardiovascular risk screening, community oral histories, and women's health days. ASHC twentieth anniversary.
- STEHP evaluates drinking water systems in Jackson, MS and New Orleans, LA, lead contamination in Leeds, AL, landfill regulation in Nashville, TN and recycling in Zip City, AL.

1990 - 1991

- MIHOW adds two sites in VA, provides training, family support services, home visits and GED classes, trains community workers.
- ACTION RESEARCH serves 22 organizations, convenes faculty to integrate service learning into curriculum, 71 students participate in courses, practicums, independent studies.
- STEHP documents Louisiana industrial pollution, teaches members of Ocoee River Alliance to sample water and soil, develops six-week curriculum to involve African-American students in scientific environmental work, helps United Paperworkers International combat paper industry's disregard for the environment, helps prevent a hazardous waste incinerator and landfill in Florida wetlands, investigates contamination into the Nolichucky River. Status report completed on STEHP lab.
- SHC - Health fairs, housing rehabilitation for elders, community worker internships on drug abuse, teen pregnancy, domestic violence, lack of access to child care.

1991-1992

- STEP interns document health effects of radioactive and hazardous waste in Knoxville, document serious lead contamination and poor water quality in Atlanta.

- MIHOW honored by St. Joseph Health Systems with "Intensive Care of our Neighbor" award. MIHOW model adapted for inner-city community in Nashville (Vine Hill).
- SHC health fairs in Covington and Grand Junction, TN.
- CHS organizes university-wide task force on service learning at Vanderbilt.

1992-1993

- STEP analyzes soil for toxic contamination in Gainsville, GA in response to high levels of cancer, evaluates the effects of sugar cane production on health in Belle Glade, FL, investigates health effects of incineration of nuclear wastes, plants an organic garden with homeless and low-income families in Atlanta.
- MIHOW expands to Mississippi and Arkansas, offers karate classes for children in Vine Hill housing project in Nashville, receives Equity Excellence Award from Tennessee Department of Education.
- SHC 25th anniversary, 600 students in 111 towns and communities in TN, KY, NC, and WV, advocates for improvements in care of older adults, surveys women at Tennessee Prison for Women incarcerated for killing or assaulting their partners, surveys MIHOW workers in KY to document community participation, education, and employment after participating in MIHOW, works with Vanderbilt Cares to provide AIDS education.

1994-1995

- STEP researches timbering laws and forestry practices, assesses solid waste landfills in TN, educates citizens on health effects of aerial herbicide spraying, works in Atlanta to analyze water and provide community education.
- MIHOW now in 16 communities, honored as one of four exemplary programs by the Family Resource Coalition report to the US Dept. of Health and Human Services.
- SHC AmeriCorps grant to provide health screenings, health education, and minor house repairs for senior citizens, provides health promotion and health screening for low-income, rural, and minority senior citizens in 13 counties, 15 health fairs serve 380 senior citizens.

1995-1996

- MIHOW – 25 VISTAs in five states increase public awareness, sign up participants, start baby pantries, promote immunization and breastfeeding, pregnancy prevention, and parent education.
- STEP provides year-round volunteers to six environmental organizations in Tennessee and Mississippi, door-to-door health survey in Chattanooga.
- SHC AmeriCorps members do 16 health screening events, focus on health promotion, offer tai chi and aerobic training, and install 214 smoke detectors, minor housing renovations. With AARP, starts breast health initiative, 36 women trained as breast health advocates, 1400 women taught about breast health.

1997-98

- CHS 25th Anniversary Celebration
- MIHOW expansion to Hattiesburg, MS, Marvell, AR, Mingo Co., WV.
- STEP pesticide research and education, water quality research and education in Nashville, Knoxville and Memphis.

- Student Health Coalition health screenings, fitness classes, Breast Health Advocates in 13 TN counties
- Community Scholars program, Meharry and Vanderbilt medical students screen pre-schoolers, do injury/trauma prevention for high schoolers, tobacco cessation for project for teens.

1999-2000

- Community Scholars engage girls in science, help low-income women transition into careers, photoscreen children for amblyopia factors, evaluate impact of lay volunteers on breast cancer screening, design Med School Community Health elective.
- MIHOW expansion to Owsley Co., KY and Nashville, programs in 5 states, new fathers program, 3 volume Home Visitor Guides created.
- STEP publishes "Citizens Introduction to Water Quality in Tennessee", community surveys and well testing in Washington Co., TN, monitors Richland and Mill Creeks in Nashville.
- Student Health Coalition screenings for 1000 seniors, fitness classes, service projects in 13 TN counties.

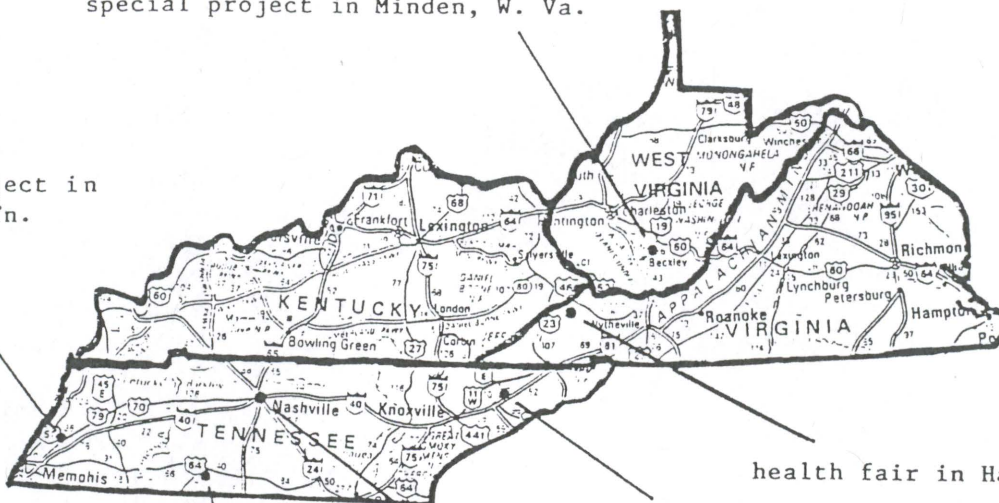
2004-2006

- CHS board creates Lewis Lefkowitz Award.
- MIHOW introduces the Certificate of Excellence Accreditation Program, Scarbro and Wheeling, WV and Nashville become accredited, low birth weights reduced by 50% in MS MIHOW sites. Women's History Award from Bahai Community, Health Heroes Award from Pan American Health Organization of World Health Org.
- Student Community Health Coalition health fairs, screenings, Breast Health Advocates, bone density study, Alma Pillow Award to Ladawna Parham from Greater Nashville Regional Council.
- Community Health Emphasis program established, enduring understandings created, 15 student projects.
- Shade Tree Clinic opens, offers primary care to 200 uninsured patients, run by student committees, faculty preceptors assist, CHS board recruits Advisory Board.
- South Nashville Family Resource Center creates business organization, advocates for community development with Metro government.
- CASTLES' 12 Federal Work Study students address immunizations and pediatric obesity.
- STEP conducts wetlands mitigation project, helps run inner city produce markets.

Map and Schedule of Summer Sites

special project in Minden, W. Va.

special project in
Covington, Tn.



health fair in Haysi, Va.

health fair in White Pine, Tn.

health fair in
Loretto, Tn.

special project in Nashville, Tn.

1986 SUMMER SCHEDULE

SUN	MON	TUES	WEDNES	THURS	FRI	SAT
JUNE						
8	9	10	11	12	13	14
ORIENTATION WEEK:—————>					ESTABLISHED CENTER FAIR	CASEN RETREAT
15	16	17	18	19	20	21
SITE 1: MINDEN, WEST VIRGINIA—————>						FREE
22	23	24	25	26	27	28
FREE	WEEK 2, MINDEN, WEST VIRGINIA—————>					FREE
JULY						
29	30	1	2	3	4	5
FREE	WEEK 3, MINDEN, WEST VIRGINIA—————>				MID-SUMMER RETREAT—————>	
6	7	8		10	11	12
SET- UP	SITE 2: LORETTO, TENNESSEE—————>					FREE
13	14	15	16	17	18	19
SET- UP	SITE 3: WHITE PINE, TENNESSEE—————>					FREE
20	21	22	23	24	25	26
FREE	FOLLOW-UP: WHITE PINE, TN—————>					SITE 4: CLINGHOO, VA—————>
AUGUST						
27	28	29	30	31	1	2
FREE	TO BE ANNOUNCED		FOLLOW-UP: LORETTO—————>			END OF SUMMER
3	4	5	6			
CONFERENCE						

SHC

1986 STUDENT PARTICIPANTS

<u>Name</u>	<u>School</u>	<u>Position</u>
Debra Auble	Vanderbilt Medical	Medical Examiner
Adrienne Bloom	Harvard University	Community Worker
Jennifer Bryant	Harvard University	Community Worker
Thomas Clear	Vanderbilt Law	Rights and Benefits Counselor
Linda Cornett	Transylvania Univ.	Community Worker
Eve Coppedge	Vanderbilt Nursing	Medical Examiner
Daniel Diekema	Vanderbilt Medical	Medical Examiner
Scott Dubit	Vanderbilt Medical	Medical Examiner
Randy Ellis	Vanderbilt Medical	Medical Examiner
Lauri Erway	U. of Cincinnati	Medical Examiner
Laura Feese	Vanderbilt Medical	Medical Examiner
Rachel Inker	Harvard University	Health Educator
Antoinette Jones	U. of Il. Nursing	Medical Examiner
Paku Khan	Vanderbilt Univ.	Audiometry Tech.
Mary Kowalski	Vanderbilt Nursing	Medical Examiner
Margarita Lassaletta	Davidson Univ.	Community Worker
Jennifer Lowe	Vanderbilt Medical	Medical Examiner
Jon Mazursky	Emory Medical	Medical Examiner
Rosie Moosnick	Transylvania Univ.	Community Worker
Carol Nestler	U. of Il. Nursing	Medical Examiner
Vincent Parker	Rust College	Community Worker
Lisa Penny	Vanderbilt Univ.	Community Worker
Steffani Powell	Transylvania Univ.	Rights and Benefits Counselor
Lisa Robinette	East Tennessee State	Dental Hygienist
Pat Schirmer	Vanderbilt Medical	Medical Examiner
Jo Ann Scott	Rust College	Health Educator
Milbert Shin	Harvard University	Lab Technician
Paula Stafford	Centre College	Community Worker
Melanie Webb	East Tennessee State	Dental Hygienist
Don Weed	Vanderbilt Medical	Medical Examiner
Kevin Welch	Transylvania Univ.	Community Worker
James Williams	Virginia Commonwealth	Community Worker

Partners in the Community

A publication of Vanderbilt's Center for Health Services (CHS). Established 1972



FROM THE DIRECTOR



Two founders of the Student Health Coalition, Bill Dow and Marie Cirillo, returned for a visit to speak about health in Appalachia to medical students. A community builder for more than 30 years, Marie represents a medically underserved community full of strong leaders, with a track record of hard work and union organizing. When they met, Bill was part of a large group of students who had the same energy, brains, and desire to make a difference in people's lives that Marie had. Thirty years later, the Center for Health Services still promotes health and justice in communities across the South. You have supported this work, and we are so grateful. Here is a brief update on our current activities.

Sincerely,

Barbara Clinton

MATERNAL INFANT HEALTH OUTREACH WORKER (MIHOW) PROGRAM

The Maternal Infant Health Outreach Worker (MIHOW) program is a partnership between local community service agencies and the CHS. Since 1982, MIHOW workers throughout the Southeast have served more than 10,000 low-income families. The foundation of all MIHOW services is the recognition that regardless of living conditions or circumstances, every family has strengths to build on.

MIHOW SITES

Appalachia:

Henderson Settlement, Frakes, KY
Kathryn Harris MIHOW, Hazard, KY
Mountain Community Parent Resource Center,
White Oak, TN
Red Bird Mission, Beverly, KY
A.B.L.E. Families, Inc., Kermit WV
New River Health Association, Scarbro WV
Ohio County MIHOW, Wheeling WV
Rural Options for Services & Education (R.O.S.E.),
Greenwood, WV
Summers County MIHOW, Hinton WV

Mississippi Delta and the Deep South:

Delta Community Partners In Care, Clarksdale, MS

Friends of Children of Mississippi, Inc.

- Crystal Springs, MS
- Laurel, MS
- Newton, MS
- Walnut Grove, MS

Neighborhood Educational Enhancement & Development Services (N.E.E.D.S.), Hattiesburg, MS

Pearl River Valley Opportunity - Pike County,
Magnolia, MS

Pearl River Valley Opportunity - Stone County,
Wiggins, MS

Pinebelt Association for Community Enhancement
(P.A.C.E.) Head Start, Hattiesburg, MS

St. Mary Community Action Agency, Franklin, LA

Tennessee Urban:

Porter-Leath Children's Center, Memphis
Woodbine Community Organization, Nashville

AWARDS

- The Oscar van Leer Award for excellence in enabling parents and communities to help young children realize their full potential.
- The Annie E. Casey Families Count National Honors Program for making a difference in the lives of families struggling to survive in tough neighborhoods.
- Points of Light Foundation President's Award for innovative programs that meet community needs and improve the lives of children and families.

STUDENT HEALTH COALITION

For 35 years, the Coalition has helped communities address drug abuse, AIDS, teen pregnancy, family violence, maternal and infant health, and the special needs of senior citizens. At more than 130 health fairs, the Coalition workers and local volun-



Vanderbilt University Chancellor Gordon Gee presents former SHC Director Jacie Dunkle with a Diversity Award.

unteers have provided clinical breast exams, physicals, pap smears, and bone density and many other screenings to more than 15,000 residents in five southern states. Today, the Tennessee Senior Service Corps provides free health screening and health education to rural and low-income senior citizens. Seniors receive a battery of health screenings free of charge in 12 counties in middle Tennessee.

In addition to health screenings, members provide health information, health and fitness classes including tai chi and yoga, home repairs, renovations and the construction of wheel chair ramps.

Breast Health Initiative

A Breast Health Advocate is a volunteer who works in her local community, educating women about breast cancer risks and how to minimize them. Advocates receive training through the Center for Health Services and the Student Health Coalition. They give formal and informal presentations throughout the year to church groups, work colleagues, clubs, and neighbors. There are currently 85 Advocates who educate senior women in 13 counties surrounding the mid-Tennessee area, promoting a three step plan:

- Mammograms done every one to two years
- Breast Self-Exams every month
- Clinical Breast Exam done by a health professional at least once a year

CENTER FOR HEALTH SERVICES (CHS)

Vanderbilt University, Station 17, Nashville, TN 37232-8180
tel: 615-322-4773 fax: 615-343-0325

I recommend the development of more programs that target at risk teens by enabling them to make positive and lasting impacts on the communities in which they live while fostering healthy lifestyle and behavioral choices.

- Jessica Young, Vanderbilt medical student

COMMUNITY SCHOLARS PROGRAM

Community Scholars are trained in participatory evaluation techniques, grant writing, and program planning. Since 1997, more than 75 medical students from Meharry and Vanderbilt have participated.

In summer 2004, medical students and undergraduates mentored teens who have been homeless, and taught them basic health screening skills. In seven health fairs, more than 250 seniors were screened for bone density, height, weight, vision, hearing, cholesterol, blood pressure, and glucose. In another project, med students Katie Cox and Kristina Collins laid the groundwork for a student-run free clinic, which we hope will be operational by early 2006.

SERVICE TRAINING FOR ENVIRONMENTAL PROGRESS (STEP)

More than 200 students and 60 environmental groups have worked with the STEP program to mobilize and educate citizens about environmental health. Community members have gained technical and research skills necessary to protect their environmental health. At the same time, students have gained valuable hands-on learning experiences in recycling and environmental planning.



A student tests a baseboard in a Nashville home for lead.

From the Director

Two founders of the Student Health Coalition, Bill Dow and Marie Cirillo, returned for a visit in 2003 to speak about health in Appalachia. A community builder in Appalachia for more than 30 years, Marie represented a medically underserved community full of strong leaders, with a track record of hard work and union organizing. Bill was part of a large group of students who had the same energy, brains, and desire to make a difference in people's lives that Marie had. The Center for Health Services still promotes health and justice in communities across the South. You have supported this work, and we are so grateful. Here is a brief update on our current activities.

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Barbara Clinton, Director

October 2004

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Photos..Lefkowitz and Theo

Garden

Maternal Infant Health Outreach Worker (MIHOW) Program

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Awards

- **The Oscar van Leer Award** *for excellence in enabling parents and communities to help young children realize their full potential*
- **The Annie E. Casey Families Count National Honors Program** *for making a difference in the lives of families struggling to survive in tough neighborhoods.*
- **Points of Light Foundation President's Award** for innovative programs that meet community needs and improve the lives of children and families.

MATERNAL INFANT HEALTH OUTREACH WORKER PROGRAM SITES

Appalachia

- Henderson Settlement, Frakes, KY (rural)
- Kathryn Harris MIHOW, Hazard, KY (rural)
- Mountain Community Parent Resource Center, White Oak, TN (rural)
- Owsley County H.O.P.E., Booneville, KY (rural)
- Red Bird Mission, Beverly, KY (rural)
- A.B.L.E. Families, Inc., Kermit WV (rural)
- APPALREAD, Mt. Gay WV (rural)
- Camden Medical Center, Camden-on-Gauley WV (rural)
- New River Health Association, Scarbro WV (rural/urban)
- Ohio County MIHOW, Wheeling WV (urban/rural)
- Rural Options for Services & Education (R.O.S.E.), Greenwood (WV rural)
- Summers County MIHOW, Hinton WV (rural)

Mississippi Delta and the Deep South

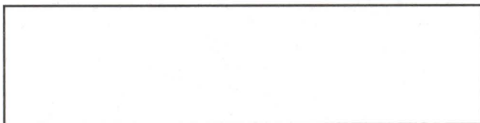
- Boys, Girls, Adults Community Development Center, Marvel, AR (rural)
- Delta Community Partners In Care, Clarksdale, MS (rural)
- Friends of Children of Mississippi, Inc.
 - Crystal Springs, MS (rural/urban)
 - Laurel, MS (rural/urban)
 - Newton, MS (rural/urban)

Walnut Grove, MS (rural/urban)

- **Healthy Babies Concordia, Alexandria, LA (rural/urban)**
- **Neighborhood Educational Enhancement & Development Services (N.E.E.D.S.),
Hattiesburg, MS (rural/urban)**
- **Pearl River Valley Opportunity - Pike County**
- **Pearl River Valley Opportunity - Stone County**
- **Pinebelt Association for Community
Enhancement (P.A.C.E.) Head Start**
- **Prentiss, Bassfield and Carson (PBC) Families First, Prentiss, MS (rural)**
- **Southeast Mississippi Rural Health Initiative, Inc., Hattiesburg, MS (rural/urban)**
- **St. Mary Community Action Head Start, Franklin, LA (rural)**

Urban

- **Porter-Leath Children's Center, Memphis (urban)**
- **Woodbine Community Organization, Nashville (urban)**



Student Health Coalition

For 35 years, the Coalition has helped communities address drug abuse, AIDS, teen pregnancy, family violence, maternal and infant health, and the special needs of senior citizens. In over 130 health fairs, the Coalition workers and local volunteers have provided clinical breast exams, physicals, pap smears, and bone density and many other screenings to more than 15,000 residents in 5 southern states. Today, the TenneSenior Service Corps provides free health screening and health education to rural and low-income senior citizens, where senior citizens receive a battery of health screenings free of charge in 12 counties in middle Tennessee. In addition to health screenings, members provide health information, health and fitness classes including tai chi, yoga, exercise, home repairs, renovations and the construction of wheel chair ramps.

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- Mammograms done every one-to-two years
- Breast Self Exams every month
- Clinical Breast Exam done by a health professional at least once a year.

“Thank you, Vanderbilt Health Services, and the TenneSenior Service Corps for all you did to enable us to identify, and refer for treatment, students with vision problems that can hinder their ability to learn. Stewart County is blessed to have such generous support from you and others who supported the health fairs.” - Denise Peppard, RN, Stewart County (TN) school system

Service Training for Environmental Progress (STEP)

More than 200 students and 60 environmental groups have worked with the STEP program to mobilize and educate citizens about environmental health. Community members have gained technical and research skills necessary to protect their environmental health. At the same time, students have gained valuable hands-on learning experiences in recycling and environmental planning.

Megan photo

- **Communities and Students Together for Learning-Enhanced Service (CASTLES):**
engages Federal Work Study students in north and south Nashville, increasing childhood immunizations and the use of car safety seats.

Community Partners 2007, partial list

Prevent Blindness Tennessee	Kids on the Block
Cohn Adult Learning Center	Metro Beautification
Council on Aging	Mayor's Office of Neighborhoods
Villa Maria Adult Day Center	Metro Social Services
Mary Queen of Angels Day Center	Neighborhoods Resource Center
Bellevue United Methodist Church	Newsong Christian Fellowship
Woodbine Community Center	Radnor Neighborhood Association
South Nashville Family Resource Center	Second Harvest Food Bank
Bellevue Community Center	Senior Citizens, Inc.
Heartland Nursing Home	Vanderbuddies Tutoring Program
Windlands South Senior Tower	Whitsitt Elementary School
Radnor Senior Towers	Woodbine Neighbors
Metro Social Services	Youth Encouragement Services
Centennial Hospital	YWCA Domestic Violence Center
General Hospital	Neighbors Reaching Out
Vanderbilt Ingram Cancer Center	Book 'Em
St. Luke's Community House	South Nashville Family Resource Center
Tennessee Commission on National and	Pearl-Cohn Family Resource Center
Community Service	McKissack Family Resource Center
Vanderbilt Kennedy Center	Academy for Educational Development
Arthritis Foundation	Bethlehem Family Resource Center
Catholic Charities	Sierra Club
Exchange Club Family Center	Nurses for Newborns
Glenclyff High School	Public Employees for Environmental
Glenclyff United Methodist Church	Responsibility
Goodwill Job Industries	Woodbine Community Organization
ABLE Families, Inc., Kermit, WV	Henderson Settlement, Frakes, KY
Friends of Children, MS	Mt. Community Resource Center, White
P.A.C.E. Head Start, MS	Oak, TN
Kathryn Harris MIHOW, Hazard, KY	New River Health Association, Scarbro,
N.E.E.D.S., Hattiesburg, MS	WV
Ohio County, MS MIHOW	Porter-Leath Children's Center,
Delta Community Partners in Care, MS	Memphis, TN
Pearl River Valley Opportunity, Inc., MS	St. Mary's Community Action, Franklin,
Red Bird Mission, Beverly, KY	LA

Center for Health Services
Vanderbilt University
www.mc.vanderbilt.edu/chs

*Facilitating community based solutions to problems that impact human health,
helping people be leaders in their communities, and combining community
change with student learning*

History:

- Establishing, maintaining, expanding health programs in hundreds of southern communities where services are scarce and poverty is widespread, including Appalachia and the delta towns of rural Mississippi and Louisiana.
- National and international reputation for designing and implementing low cost, effective local and regional community health initiatives since 1972.
- Honors include the Intensive Care of Our Neighbor Award, the HCA Foundation Award of Achievement, the Tennessee Opportunities Equity Excellence Award, the Annie E Casey Foundation National Families Count award, the Lamaze International Outreach award, the Points of Light Presidential award, and the Oscar van Leer award.

Current Programs:

- **Community Health Emphasis:** medical students working with underserved populations, including the “Lost Boys of Sudan”, formerly homeless people, Hispanic and other children at risk for obesity, teens at risk for HIV, and the uninsured people.
- **Maternal Infant Health Outreach Workers (MIHOW):** community women who enhance birth outcomes and child health in very low income communities in TN, KY, WV, MS, and LA. The program’s impact includes increased use of early prenatal care well child visits, and immunizations, decreased rates of low birth weight, improved early child development and increased assertiveness on the part of mothers in addressing alcoholism, depression, and poverty.
- **Shade Tree Family Clinic:** medical students with assistance from faculty preceptors providing free health services in East Nashville. Since 2005, more than 3000 uninsured and underinsured patients have received acute and chronic care.
- **Service Training for Environmental Progress Program (STEP):** students helping communities address environmental issues including toxic waste, incinerators, landfills, lead contamination, and destruction of wetlands.
- **South Nashville Family Resource Center (SNFRC):** improving community health with special attention to Hispanic and other immigrant/refugee groups, coordinating volunteer projects to help elderly remain at home. Helped establish the Nolensville Road Community Partnership in 2006.
- **Coalition for Healthy Aging (CHA):** enables seniors to promote their own health and wellness, each year educates 4,000 seniors about health issues, builds wheelchair ramps, provides free health screenings and services to more than 12,000 seniors in 13 Tennessee counties. Nearly 100 Volunteer Breast Health Advocates serve as “kitchen table experts” who have taught more than 10,000 senior women about breast cancer detection and treatment.

Rod Lorenz

Involved 1st summer of operation.

Tell me what you did.

The organization was pretty loosely organized. We didn't have officers with clear job descriptions. The clear leader of the whole thing was Bill Dow (?) who was a classmate of mine. Bill was the person that got me involved as well as some other medical students and nursing students and then some people on the undergraduate campus as well. Our primary activity that first summer was to organize health fairs in rural communities that had limited access to health care and use that as a mechanism for organizing community health activities.

I think the first summer, we went to Murfreesboro, really sort of as a practice because it was close to home. It wasn't that rural, and access to health care was not that big a problem, but it was nearby, and it was useful to use as a practice run. The rest of the health fairs were in far East Tennessee.

The TVA loaned us a mobile health screening van. It was really a trailer, actually, that gave us the ability to do blood chemistries and other types of health screenings. And then the medical students and nursing students did histories and physicals on people that came to the health fair. People were talked to about their results and referred to some local health care resource if they had a problem that needed attention. Prior to the health fair in each community, a couple of students worked in the community to do the grassroots organization we needed to get the health fair organized, to get some community support and interest in it.

Were these mostly people who wouldn't have had access to health care otherwise?

That was the idea, and I think that was true in most of the communities we went to. I'm not so sure it was in Murfreesboro or Smithville. In the Appalachian communities, I feel pretty confident that it was so. Must have been 1969 when we started.

What made you want to do something like this?

I had an interest in public health and community health and service to people who had limited resources. That was primarily it. Those were the late '60's, sort of the heydays of student activism. Students felt like they could do things, they could make a difference, that you didn't have to wait until you grew up.

Did you really feel like you were making a difference?

Yeah. Yeah, we did. The people sure seems to appreciate the fact that we were there, and I think a lot of the students made some very good friends. We didn't have a uniformly positive reception. There were a few instances where people were not welcoming. Particularly in Appalachia, there's a natural suspicion of outsiders, so you don't walk into some of those small communities and automatically feel welcome as an outsider. One of the places where the students stayed was burned down, probably by people who didn't want them around. Some people thought we were left-wing radicals, but for the most part I think we felt like we were welcome and we did some good. People became interested in health and in organizing their community for a useful purpose. And there were a few places that actually organized community clinics that operated long after we were there, which was good.

Were you only involved for one summer?

I don't recall.

Do you have any favorite or significant memories to share?

Well, we certainly made some good friends, both in the group and with some community people. I remember a couple of weeks I camped on the front lawn of a family in Appalachia, and the head of the household made his living, I found out later, running moonshine into Kentucky. We heard stories about the law of the land in Appalachia. One was about a man who had a pig stolen, found out who stole his pig, and went and shot and killed the man, and was never arrested or charged with it, because in that part of the country, it was considered okay if someone stole your pig for you to shoot them. It was an experience similar to times I've spent since then in 3rd-world settings. I've spent time in Bangladesh and, more recently, in Vietnam. There are some similarities. For a person who's grown up in mainstream America, to spend some time in Appalachia is a broadening experience.

Do you think your time with the SHC influenced you to go spend time in 3rd world countries later on?

Yes, I think probably it did. It certainly didn't dampen my enthusiasm for that kind of experience. It turned out I went a different direction as far as my career path. I didn't end up in community medicine, but I think that because of that experience, I felt positively when I had an opportunity to go to other places. It certainly gave me an appreciation for the problems facing the disadvantaged members of our population. I think that we all have a tendency to be a little bit egocentric, thinking everybody is just like us. To spend time actually living with people who have a much different set of circumstances is always a valuable experience. I think it's made me more receptive as a physician with people from a different background, more able to talk to people from rural Tennessee with a different perspective. I think it was a valuable experience even though it's not what I pursue as a full-time career.

Mark Werner--pediatrics

Involved summer 1981.

Actually, both myself and my current wife worked then. She was a nursing student at the time. We met through the Coalition but didn't start dating until afterwards.

What did you do?

We did three two-week-long health fairs in three communities--Fed's Creek, Kentucky, Big Rock, Tennessee, Carroll County, Tennessee. They were three very different communities. Fed's Creek was obviously a very traditional Appalachian coal mining community. The mine was largely shut down. We all lived up the "holler" through the mountains and whatnot. Big Rock was a predominantly white, rural community up by the Land Between the Lakes and Paris, Tennessee, just west of Clarksville. Carroll County, we kind of went through the whole county, because there was a fairly large African-American community there that lived out in the rural parts of the county that was underserved. I always viewed what we did as screening health exams. We didn't make a lot of fancy diagnoses, but we really helped people triage their need to get more elaborate or sophisticated health services. In advance of our being there, there were always two, maybe three community development people who had tried to lay some groundwork for our being there, got a sense of all the resources that were available that we could help connect people with.

Any favorite stories?

Fed's Creek was clearly my most favorite place to go, because it was probably the most medically underserved. The other two, while people weren't getting care, there were plenty of doctors within fifteen or twenty minutes of where they lived, whereas out in Fed's Creek, the nearest doctor was ninety minutes away, he took no appointments--you just went and queued up. I was asked one day to go see an adolescent who lived back in the holler somewhere who had problems with sores on her legs, was what was said, and they wondered if anyone would go. A friend of mine and I said, yeah, we'll go, we'd kind of like to get out of the high school where we were working. As we got to this house, it was really a three-room shack. We rang the doorbell, and immediately there was screaming throughout the house. As the mother opened the door, you could see past her an older adolescent boy running around these three rooms, screaming at the top of his lungs and flailing his arms in the air. It was initially really quite frightening, because this kid was kind of running around screaming. He seemed incoherent. We later learned that he was profoundly mentally retarded, and any time any stranger came to the door, he would go berserk. Turned out that the mother and father of this home were first cousins. They had 21 children. Four teenagers of the children still lived at home. Only one of the 21 children was gainfully employed, so for any of them to get health care, the one working adult had to take off work to drive that person this ninety miles to get to the doctor. The teenager they had us see weighed 300 pounds if she weighed an ounce. She spent all day sitting on a beanbag chair and had stasis ulcers all over her legs. So, we're in the middle of this holler with an obese adolescent who also was not of normal intelligence, and a really caring mom, trying to figure out how to talk about wound care, dieting, lower fat cooking options, which were really kind of going to go nowhere because of the whole culture of this place was to do things very different. It was a little frustrating, but it was remarkably eye-opening for a 22 year old medical student to sort of recognize all of the factors

that affected people's health that one doesn't always perceive working here in the medical center.

Any other favorite stories?

Not that I can tell on tape. The coalition was a great time of camaraderie. I forget how many people we had working, total, but it was at least, probably, 30 to 40. We had probably 10-12 nursing students, we had 3 dental students that worked with us, and then a base of about 6 or 8 community development types of folks. It was a lot of fun. I really enjoyed it. I think it was a remarkable time to really learn about a lot of different cultures, to see all the things that affected people's health. And it clearly was the beginning of my choosing to do pediatrics. When I entered medical school, pediatrics was on my list of things I knew I would never do. My summer with the Coalition, the only patients I enjoyed seeing in the health fairs were kids. I really didn't like dealing with adults. Very quickly, I was very attracted to the kids.

Did the experience, then, shape your career and later life?

Yeah, it did. There's no question about it. I very much for the first time recognized how fun children were, that their innocence and the genuineness of their interaction with you was very refreshing and enjoyable.

When I talked to your assistant on the phone, she said I should ask you how you see yourself in the future doing atypical practice experiences that have been influenced by your time in the Coalition.

That's an interesting question. I wonder where Jill came up with that. I have come in my mature clinical practice to very much emphasize a biopsychosocial model of health, meaning really not only looking at the biological aspect of health, but the role of our psychology in health, the role of our environment, such as our family, our peers, our schools, and our community in our health. I view health in a very holistic fashion. Saying that, I really hadn't thought about it. I remember the t-shirt we had that was our kind of memento of the summer. At the end of the summer, we had a big party for ourselves. We designed a t-shirt gradually over the summer. On the back, we put a dictionary-type definition of health. I can't quote it to you, but I have looked at it. I have pulled that t-shirt out maybe 2 or 3 times over the past 15 years, just to re-read that definition of health, because it clearly encapsulated that summer, and it clearly encapsulates how I view things. In that definition are things such as freedom from problems with not only physical health, but education, work and employment, economic stress, social stress, to live in a constructive and pro-social environment, things that the scientific approach to medicine doesn't adequately emphasize. What I now do is adolescent medicine, so I am very interested in how my patients have problems or experiences with schools or peers or the community, their family situation, as much as their physical health. So that's very much my approach to being a doctor. It's never been clear to me where it came from, because that's not the way I thought when I was in college. I was a science person in college. I'm sure the coalition had something to do with starting that, because I remember really liking that definition of health that we came up with and feeling that it really resonated with what was right and proper and what should be the focus of medicine. It's interesting, one of the reasons that I've been keeping you waiting is that I am very close to taking another job in Baltimore, where I would be chief of pediatrics for an entire health care system. One of the reasons that I am interested in doing that is that this is a health care system that wishes to apply this model of health and is very community based. So, I continue to find that. It's become

something that is very important to me.

Do you know what the Coalition is like now? I know it's changed a lot over the years. I think only in 4 or 5 year blocks did it ever stay the way it was. I think in the early '80s, the coalition was very popular. Many students who had a strong interest in primary care, family medicine type of thing, pediatrics, did it, because it was a lone voice in the woods in this medical center in the early '80s that really stood out for the value of primary care and caring for people in all the ways that they needed to be ministered to. This was, at that time, and I think still is, a very traditional medical center. We're science-based, we're biologically-based, and I found the coalition to be a very valuable thing. One of the other things it did for me is it introduced me to faculty, because we had a different physician from Vanderbilt come and be our preceptor every day. That introduced me to faculty who were not in the norm for Vanderbilt, because they had a different orientation. So I met people as faculty who helped me craft a way through the medical school that I might not have otherwise, because I knew who to go talk to, and I learned who to use as role models, so I think at my time, the coalition was very valuable to many people. In fact, the year I did it, we were formally interviewed, and only half the people interviewed were allowed the chance to do it. There were twice as many people who wanted to do it than they had positions for, and I think it was because of these reasons that it had such popularity.

Center for Health Services History

Phase 1: The early days....1968-1975

Students and grassroots leaders worked through each academic year to lay the ground work for community based summer projects. During the summer, health fairs and other projects helped community members mobilize others and launch clinics and other health programs. Students and faculty often lived in the homes of community members during the summer.

Phase 2: Building on the clinic development projects...1975-1982

As relationships with communities deepened, the projects become more complex. Health screenings revealed illnesses due to water contamination, and environmental issues become a priority. The Student Environmental Health Project (STEP) was launched. Other new programs included the Community Health Effort Support System (CHESS), the Occupational Health Project, the West Tennessee Landowners Assistance program, Legislative Project, University for Many, Urban Student Health Coalition. In 1978 the Appalachian Student Health Coalition celebrated ten years of service

Phase 3: Long term community partnerships1982-2000

Summer projects continued, but CHS and six communities in TN, KY and WV began long term partnerships to address birth outcomes in rural and underserved communities. The STEP campus year round laboratory analyzed soil and water samples on a sliding scale fee basis, serving communities in 16 states. Appalachian Student Health Coalition clinic development work began to transform as federal dollars for clinics in underserved areas dried up. SHC added a new focus on senior citizens.

Phase 4....Awards, stabilization, 21st century

As evidence of its impact mounted, MIHOW began to receive national and international awards and expanded to MS delta and urban areas including Memphis and Nashville. Student Health Coalition 25th anniversary in 1993. Funding for student summer stipends became scarce, so Student Health Coalition secured an Americorps grant to serve senior citizens in 13 TN counties. STEP secured a VISTA grant, to place year round VISTA volunteers in communities. The Community Health Emphasis program was begun in oartnership with the medical school to engage medical students in 18 month community health internships for academic credit. In 2008 the program was replicated for undergraduates through the Medicine Health and Society division of the College of Arts and Science.

What it looked like while it was happening....

A mid-1970's example: 1972-1973

- Urban Student Health Coalition students provide physical exams and follow-up for children at Nashville day care centers.
- Dental exams and care provided for 70 children at the day care centers served by USCH.
- Social work student arranges appointments for extended testing at request of medical students
- Rural Student Health Coalition holds health fairs and community development assistance for Habersham, Elk Valley, Petros, and Stoney Fork TN.
- TVA provides mobile screening unit take to the health fairs.
- A day care pilot program is started in three communities
- A water quality study tests the effects of runoff from strip mining on local water sources.
- Engineering student helps plan new Wynn-Habersham Clinic which opens spring 1973.
- Management student helps the locally-owned Pallet Factory increase financial stability.
- Law students in five communities to increase knowledge of Black Lung, Social Security, and welfare

A mid-1980's example: 1985 - 1986

- SHC provides 800 physical exams and screenings in Wilson county, where some people had not seen a doctor in five years, Lauderdale, Fayette, and Tipton counties.
- STEHP analyzes 1300 water and soil samples for 35 communities, at \$3 per sample, teaches citizens proper soil and water sampling techniques. STEHP students survey VA groundwater contamination from mines, conduct water quality surveys in NC, investigate hazardous waste facilities in Greenbriar, TN, review permits of a KY hazardous waste incinerator, teach citizens in London, TN to interpret industry permits.
- Former STEHP intern replicates STEHP at Virginia Polytechnic Institute.
- Action Research project coordinates undergrad tutoring/support teen parents and pregnant teens.
- MIHOW trains child abuse prevention specialists in Haywood County, provides testimony to Governor's Task Force on Day Care. First MIHOW newsletter.

A mid 1990's example: 1991 - 1992

- MIHOW honored by St. Joseph Health Systems with the intensive Care of Our Neighbor award, and receives the Equity Excellence Award from Tennessee Department of Education.
- MIHOW expands to the lower Mississippi delta regions of Mississippi and Arkansas,
- SHC health fairs in Covington and Grand Junction, TN.

- STEP analyzes soil for toxic contamination in Gainesville, GA in response to reports of unusually high levels of cancer, evaluates the effects of sugar cane production on health in Belle Glade, FL, investigates the health effects of incineration of nuclear wastes, works with homeless men, plants an organic garden for homeless and low-income families in Atlanta.
- SHC 25th anniversary, advocates for improvements in the care of older adults, surveys MIHOW workers in Whitley county, KY to determine community participation, education, and employment

A 21st century example: 2005-6

- STEP Wetland Mitigation Project interns surveyed TN wetland mitigation sites, only a minority were healthy
- Community Health Emphasis projects led to changes in the medications available to women prisoners with mental illness and created a cost effective way to treat Schistosomiasis and Strongyloidiasis in the Sudanese Lost Boys.
- Medical students launch the Shade Tree Clinic, a free, student run clinic in north Nashville
- CASTLES program created so that Federal Work Study (FWS) students can help reduce childhood injuries, obesity, and vaccine-preventable disease as partners with Nashville communities.
- CHS accepted sponsorship of South Nashville Family Resource Center at the request of United Way to help three neighborhoods assure that the elderly live in supportive communities and families and children are healthy. The FRC and its partners served more than 2,900 people.
- SNFRC helps the Sudanese Community and Women's Center create Sewing Up the Gap, so that Sudanese women can sew and sell traditional Sudanese and mainstream American clothing.
- Maternal Infant Health Outreach Worker program (MIHOW) program in 21 sites in six states, has more than 100 paraprofessional outreach workers, 525 families served this year through 5,000 home visits in 2004. Nashville home visitors are conversational in English and Spanish. MIHOW MS data reveals that low birth weight for MIHOW mothers is at half the rate for non MIHOW mothers.
- Student Community Health Coalition provides 3,000 health screenings, fitness classes, wheelchair ramps and home health and service projects to 300 seniors. 1300 senior women met with "kitchen table experts" who encourage self breast exam, mammograms and clinical breast exams

Center for Health Services History

Phase 1: The early days....1968-1975

Students and grassroots leaders worked through the school year to lay the ground work for summer projects. During the summer, students and faculty traveled to the communities, often living in the homes of community members. Health fairs and other projects helped community members mobilize others and launch clinics and other health programs

Phase two: Building on the clinic development projects...1975-1982

Relationships with communities deepen, projects become even more complex. Because environmental problems become a high priority, the Student Environmental Health Project (STEP) is developed. New programs include the Community Health Effort Support System (CHESS), the Occupational Health Project, the West Tennessee Landowners Assistance program, Legislative Project, University for Many, the Urban Student Health Coalition. In 1978 the Appalachian Student Health Coalition celebrates ten years of service

Phase three: Long term community partnerships....1982-present

Student projects continue, but CHS and six communities in TN, KY and WV begin a long term partnership to address birth outcomes in rural and underserved communities. STEP campus year round laboratory analyzes soil and water samples on a sliding scale fee basis, serves communities in 16 states. Appalachian Student Health Coalition clinic development work transforms as federal dollars for clinics in underserved areas dry up, continues ealth fairs but adds a focus on senior citizens.

Phase four....Awards, stabilization, 1990- present

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- Social work student arranges appointments for extended testing at request of medical students
- Rural Student Health Coalition holds health fairs and community development assistance for Habersham, Elk Valley, Petros, and Stoney Fork TN. The "medical team" is made up of 28 medical and nursing students and 10 "community workers"
- TVA provides mobile screening unit take to the health fairs.

- A day care pilot program is started in three communities at the request of the Model Valley Health Council.
- A water quality study tests the effects of runoff from strip mining on local water sources.
- Engineering student helps plan new Wynn-Habersham Clinic which opens spring 1973.
- Management student helps the locally-owned Pallet Factory increase financial stability.
- Law students work in five communities to increase knowledge of government programs like Black Lung, Social Security, and welfare; assistance in communicating with local government leads to road repairs and government awareness of local water pollution.

A mid-1980's example: 1985 – 1986

- SHC provides 800 physical exams and screenings in Wilson county, where some people had not seen a doctor in five years, Lauderdale, Fayette, and Tipton counties.
- STEHP analyzes 1300 water and soil samples for 35 communities, at \$3 per sample, teaches citizens proper soil and water sampling techniques.
- STEHP students battle the country's largest landfill in Circleville, Ohio, survey VA well and groundwater contamination from mines, conduct water quality surveys in NC, investigate hazardous waste facilities in Greenbriar, TN, review permits of a KY hazardous waste incinerator, survey water supply needs in Washington County, teach citizens in London, TN to interpret industry permits.
- Former STEHP intern replicate STEHP at Virginia Polytechnic Institute.
- Action Research project sponsors clothing drive on campus, coordinates undergrad tutoring/support teen parents and pregnant teens.
- MIHOW trains child abuse prevention specialists in Haywood County, provides testimony to Governor's Task force on Day Care, confront needs of fathers, first aid, alcoholism prevention, and child development. First MIHOW newsletter.

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